Attachment 24

Office for Aboriginal and Torres Strait Islander Health (OATSIH)

This information has been provided by the Office for Aboriginal and Torres Strait Islander Health within the Department of Health and Ageing.

PART 1 – OVERVIEW

Aboriginal and Torres Strait Islander Mental Health

Aboriginal and Torres Strait Islanders constitute 2.4% of the Australian population: that is, about 450,000 out of a total Australian population of 20 million. The majority of Aboriginal and Torres Strait Islander peoples live in New South Wales (29%) and Queensland (27%). The proportion of state or territory population that is Indigenous ranges from 0.6% in Victoria to 29% in the Northern Territory. Whereas the highest proportion of Australians, both Indigenous and non-Indigenous live in major cities (30% and 67% respectively), a much higher proportion of Indigenous Australians (26%) live in areas considered remote or very remote, compared to non-Indigenous Australians (2%).

The health disadvantage of Aboriginal and Torres Strait Islander people relative to non-Indigenous Australians is well known:

- Average life expectancy at birth for Aboriginal and Torres Strait Islander Australians is around 20 years lower than the average life expectancy at birth for all Australians;
- The indirect standardised death rate for the Indigenous population is over two and a half times that for the Australian population as a whole;
- Adjusting for age differences, Indigenous Australians are admitted to hospital at 1.75 times the rate of non-Indigenous Australians, and are twice as likely to have visited the casualty or outpatients departments of a hospital; and
- The perinatal mortality rate for babies born to Indigenous women is twice as high as that for babies born to non-Indigenous women.

Aboriginal and Torres Strait Islander people's mental health and emotional and social wellbeing is also an area of significant disadvantage, as evidenced by the following indicators:

- Rates of depression, suicide and self-harm are much higher among Indigenous people;
- Hospital separations for mental and behavioural disorders for Indigenous men were 2.2 times the rate for non-Indigenous men in 2000-01. For Indigenous

women, the rates were 1.5 times the rate for non-Indigenous women. Within these figures, hospital separation rates for mental disorders due to physchoactive substance use were particularly higher than that of the non-Indigenous population (4.8 times higher for Indigenous males, and 3.6 times higher for Indigenous females). (AIHW[1], p161);

- Indigenous males are 4.1 times more likely, and Indigenous females are 1.9 times more likely, to die from mental and behavioural disorders. (AIHW p192);
- In 1999-2001, suicide death rates were nearly 3 times higher for Indigenous males overall, but were over 4 times higher for the 15-24 years age group. Indigenous females had similar suicide rates to those of all Australian females. However the rate for 15-24 year old females was 4 times higher (AIHW p196);
- In 2001-02, the hospital non-fatal separation rate for intentional self-harm for Indigenous people was higher than for non-Indigenous people – 2.8 per thousand Indigenous people compared to 1.5 per thousand non-Indigenous people. (SCRGSP p3.43); and
- As at June 2002, Indigenous people were 11 times more likely than non-Indigenous people to be in prison[2]. While there has been some decline in the rate of juvenile detention over the last 5 years, Indigenous juveniles were still 19 times more likely to be detained than non-Indigenous juveniles[3]. (SCRGSP)

In 2003, the Australian Institute of Health and Welfare (AIHW)[4] reported that

> *Indigenous mental illness and/or emotional distress may not only cause Indigenous Australians to come into contact with the criminal justice system but incarceration may be a risk factor for mental illness (HREOC 1993). Incarceration separates Indigenous persons from their communities and culture. Imprisoned Indigenous persons frequently experience depressive symptoms associated with unresolved anger resulting in suicide attempts. The number of Indigenous deaths in custody was also relatively high. Of the 87 deaths in custody in 2001, 19 (22%) were Indigenous persons (Collins 2002). On release from prison some Indigenous persons may then turn to substance misuse or violence and continue their decline of mental health with further contact with the criminal justice system (HREOC 1993).*

Findings of the W.A. Child Health Survey

The recently published second volume of the W.A. Aboriginal Child Health Survey (WAACHS), *The Social and Emotional Wellbeing of Aboriginal Children and Young People*, provides some context to the above indicators.

The report found that 24% of Aboriginal children are at high risk of clinically significant emotional or behavioural difficulties, compared to an equivalent figure of 15% in the general population. Seventy per cent (70%) of children were living in families which had experienced 3 or more major life stress events (such as a death in the family, serious illness, family breakdown, financial problems or arrest). Twenty-two per cent (22%) of Aboriginal children had experienced 7 or more of such events in the 12 months prior to the survey. This last group were five and a half times more likely to be at high risk of

[1] *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, Australian Institute of Health and Welfare, p161.
[2] *Prisoners in Australia, 2003*, ABS Cat No 4517.0 Canberra: ABS
[3] *Overcoming Indigenous Disadvantage Key Indicators 2003*, Steering Committee for the Review of Government Service Provision, 3.59.
[4] Op cit, p162.

significant emotional or behavioural difficulties than children living in families where 2 or less life stress events had occurred.

The report found that chronic stress affects the development of a child's nervous, endocrine and immune systems, and places them at increased risk, as adults, of having complex chronic diseases such as cardiovascular disease, obesity, diabetes and mental health problems.

More than one in six (16%) young people aged 12-17 years had seriously considered ending their own life in the 12 months prior to the survey. Of these, 39% had attempted suicide. A higher proportion of young people at risk of clinically significant emotional or behavioural difficulties had thought about ending their own life (37%) compared with young people at low risk. Young people who had been exposed to family violence were more likely to consider ending their own life (22%) than those who had not been so exposed (9%).

The report also found that the long term negative effects of forcible separation of Aboriginal children from their natural families is evident in their generation and in the next generation of Aboriginal young people. The research indicates that the extent of these effects does not differ whether the carers were separated under early Government policies of forced removal, by mission authorities, or in more recent years, under modern child welfare guidelines. In other words, the negative outcomes can be attributed to the forcible separation of children from their natural families, no matter what the policy or rationale for that removal. The report found that children of Aboriginal carers who were forcibly separated from their families were 2.3 times more likely to be at high risk of incurring clinically significant emotional and behavioural difficulties, and had double the rate of both alcohol and other drug use of other Aboriginal children.

While the survey's findings are based on the W.A. experience, the researchers did seek to validate these against surveys conducted in other States and nationally – eg *The Mental Health of Young People in Australia*[5]. The WAACHS findings were broadly consistent with those of these other projects. To this extent, the WAACHS could be taken as broadly indicative of the mental health circumstances of all Australian Indigenous children and young people.

Mental Health Research and Data Collection

Research

The NHMRC (2002)[6] have noted that mental health in Aboriginal and Torres Strait Islander populations comprises only 1% of mental health research publications and attracts only about 2% of mental health research funding. This is despite a high and growing incidence of mental health conditions among Aboriginal and Torres Strait Islander populations evidenced in high rates of imprisonment, hospital admissions for substance abuse, self harm and injury, and youth suicide. The impact of external factors on mental health outcomes such as living with racism and removal from family, needs to be mapped and understood.

[5] *The Mental Health of Young People in Australia*, M Sawyer and M Gifford, Department of Health and Aged Care, 2000.

[6] The NHMRC Road Map (2002): A strategic framework for improving Aboriginal and Torres Strait Islander health through research. p28. Available at http://www7.health.gov.au/nhmrc/research/srdc/indigen.htm.

Zubrick *et al* (2005)[7] found that in Western Australia 26% of Aboriginal and Torres Strait Islander children aged 4 to 11 years are at a high risk of clinically significant emotional or behavioural problems yet only 3.8% of these children had been provided with mental health services. There is an urgent need for research into the prevention and treatment of mental ill health in these children.

Data
There are specific limitations that generally reduce the quality and availability of national data on the health and wellbeing of Aboriginal and Torres Strait Islander Australians. These limitations are due to several factors including:

- Incomplete identification of Indigenous Australians in official surveys and administrative data sets (such as mortality and hospital data collections);
- Unless specific provision is made, most national surveys do not include sufficient Indigenous Australians in their sample to produce statistically reliable results.
- Changes in the level of identification of Indigenous Australians both between and in surveys and data sets makes it difficult to determine trends over time in the health of Aboriginal and Torres Strait Islander Australians;

In addition, until recently there has not been a valid and reliable instrument for measuring mental ill-health in Aboriginal and Torres Strait Islander people. There is a paucity of trained mental health professional with specific knowledge about the issues around Aboriginal and Torres Strait Islander social and emotional wellbeing.

Access to mental health services

Access to services funded by the Australian Government

Part 3 of this paper, below, provides information on the level of services provided under Australian Government-funded programs. In summary:

1. Counsellors, social workers and psychologists working in Aboriginal Primary Health Care Services funded by OATSIH provided around 83,900 individual client contacts during 2002-03;
2. Bringing Them Home counsellors provided over 37,000 episodes of care during 2002-03; and
3. Since the Link Up Program commenced in 1998-99 it has provided assistance to almost 27,000 people and has reunited around 1,050 clients with their families.

[7] *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People* (2005) , Perth: Curtin University of Technology & Telethon Institute for Child Health Research, p.5

Unmet need

There is little national data available on the extent of unmet need for services for Indigenous people. The *National Survey of Mental Health and Wellbeing* (1997) found that only 38% of Australians with a mental disorder were seen by health services during that year. The survey was not able to provide reasons for this relatively low access.

The WAACHS study found 'substantial unmet need' for mental health services for children and young people:

> *Some 26.3 per cent of Aboriginal children aged 4-11 years and 20.5 per cent of children aged 12-17 years were found to be at high risk of clinically significant emotional or behavioural difficulties. In comparison, of Aboriginal children aged 4-11 years only 3.8 per cent have had contact with Mental Health Services and for children aged 12-17 years only 11.0 per cent have had contact with Mental Health Services. …these figures demonstrate considerable unmet need.* (p441)

Further, the study found that

> *…the proportion of children who have had contact with mental Health Services decreased with increasing Level of Relative Isolation … This decline reflects both the decreased availability of services in extremely isolated areas and the decrease in the proportion of children at high risk of clinically significant emotional or behavioural difficulties by Level of Relative Isolation.* (p433)

The report went on to say that there is 'a serious likelihood that such problems, when they occur at a young age are less likely to receive assistance when early intervention has a greater impact on life course outcomes' (p442).

In 2002-03, most Aboriginal and Torres Strait Islander primary health care Services funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) reported that a range of emotional and social wellbeing issues (including grief and loss issues, serious mental illness, anxiety/stress, self harm, stolen generation issues, family/relationship issues, family violence, youth issues, and comorbidities with substance use) were significant in their community. While most of these Services provided support for clients as these issues arise (94%), only about one-third of these organisations provided ongoing care or conducted ongoing programs in relation to all of the above emotional and social well being issues[8].

The AIHW's 2003 report recorded the following information:

- 69% of all discrete Aboriginal communities were located 100 kilometres or more from the nearest hospital (representing 53% of the reported population living in those communities);
- A study of a sample of 242 communities with a reported population of 50 or more which were located 10 kilometres or more from the nearest hospital showed that:
  - 47% of these communities had no access to mental health professionals;
  - around 55% of people living in those communities have access to mental health promotion programs. (AIHW p59).

[8] Department of Health and Ageing, *2002-03 Service Activity Reporting (SAR), data available on request*

The AIHW also reported on some of the factors which affect access to services:

- In 2001, 22.7% of households with Indigenous persons did not have a vehicle, compared to 9.6% of other households;
- In the quarter to March 2003, 67.9% of medical services were bulk billed. Bulk-billing rates are generally lower in rural and remote areas than in capital cities or other metropolitan centres;
- In 2001, 17% of Indigenous adults living in non-remote areas had private health insurance, compared to 51% of non-Indigenous adults.
- Other barriers reported were limited proficiency in English, and perceived cultural barriers.

The Social Health Reference Group which developed the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004-2009*, concluded [9]:

1. *Severe social disadvantage contributes to disproportionately high rates of health and mental health problems;*
2. *A range of factors including earlier death, child removals, incarcerations rates, suicide rates and infant mortality contribute to higher rates of grief, loss and trauma;*
3. *Rates of mental health problems, including suicide, hospitalisation, substance misuse and frequency of child, youth, and adult mental health disorders in the community are all higher;*
4. *These higher rates of problems are reflected in higher rates of hospitalisation but not increased access to community based mental health care;*
5. *Access to privately provided mental health care is limited by geographical location of providers, and cost; and*
6. *The most accessible community based mental health care, sought after by those most affected by mental health and historical problems, is the Aboriginal Community Controlled Health Service.*

PART 2 – ROLE OF THE AUSTRALIAN GOVERNMENT

Role of Office for Aboriginal and Torres Strait Islander Health (OATSIH)
The Office for Aboriginal and Torres Strait Islander Health (OATSIH) provides funding for comprehensive primary health care for Aboriginal and Torres Strait Islander peole. OATSIH achieves this through a range of Indigenous-specific programs including emotional and social wellbeing, the Bringing Them Home (BTH) program and substance use programs, as well as core grants to Aboriginal Primary Health Care Services through the Aboriginal and Torres Strait Islander Health Program.

OATSIH has a key role, in partnership with other stakeholders, in developing national policies and strategies for improving Aboriginal and Torres Strait Islander health.

The Office also has the responsibility to advocate to ensure that mainstream services meet their responsibilities to Aboriginal and Torres Strait Islander people, and that other

[9] *Consultation Paper for Development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004-2009*, 2003, p11.

sectors are aware of the impacts that their policies and programs can have on Aboriginal and Torres Strait Islander health outcomes.

Role of Aboriginal Primary Health Care Services

Aboriginal Primary Health Care Services are funded to provide comprehensive primary health care in holistic and culturally appropriate ways to the Aboriginal and Torres Strait Islander community, including many activities in relation to social and emotional wellbeing. In 2004-05, $281m is being provided for Indigenous-specific health programs; the bulk of this funding is being provided to health service organisations. Currently 206 Aboriginal Primary Health Care Services (including a number of stand-alone Drug and Alcohol Services) are funded by OATSIH. Workers in services deal with trans-generational issues of loss, grief, trauma, dispossession, separation from families. They become involved in caring for families, and supporting people through grieving processes.

Many services operate social health teams, which are multi-skilled and multi-disciplinary teams that can provide a range of social services including mental health, BTH counselling, grief and loss, substance use, sexual health, and family and welfare support. The advantage of the social health teams approach is that it ensures that the various social and emotional wellbeing needs of clients can be met in a holistic way. Social Health Teams also establish links at the local level with specialist mainstream services to facilitate referral and coordination when required.

More detailed information on the emotional and social wellbeing services provided by Aboriginal Primary Health Care Services is included in Part 3 of this attachment.

PART 3 – AUSTRALIAN GOVERNMENT INITIATIVES

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Social and Emotional Wellbeing and Mental Health 2004-2009 (the *SEWB Framework)*

This framework has evolved out of a number of policy papers developed over recent years, including The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, *Ways Forward* 1995, the establishment of the *Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan 1996-2000*, the *Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan*, the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 (2003), and the National Mental Health Plan 2003-2008*.

The *SEWB Framework* was developed through an extensive community consultation process, and was endorsed by the Australian Health Ministers' Advisory Council (AHMAC), which comprises the heads of all Commonwealth and State/Territory health portfolios, out of session in December 2004. Arrangements are currently under way for its publication and dissemination.

The *SEWB Framework* aims to broadly address the social and emotional wellbeing and mental health needs of Aboriginal and Torres Strait Islander people. The document

acknowledges that a range of government policies and practices has impacted on the social and emotional wellbeing of all Aboriginal and Torres Strait Islander peoples, including the 'terra nullius' policy, protection and assimilation policies, as well as the removal of children from their families.

The document aims to provide a framework for action by all governments and communities to improve Social and Emotional Wellbeing in Aboriginal and Torres Strait Islander communities over the next five years.

SEWB Framework - Key Strategic Directions

The Framework identifies five Key Strategic Directions to enhance social and emotional wellbeing. These are:

1. A focus on children, young people and families and includes strengthening families, building a holistic response across sectors including the whole of health sector, and responding to grief, loss trauma and anger;
2. Strengthening Aboriginal Community Controlled Health Services to provide social and emotional well being care. This must include building a workforce large enough, and skilled enough, to respond;
3. Increasing access to mental health care across the whole health system, including rural health, general practice and child and maternal health services as well as mainstream mental health services for Aboriginal and Torres Strait Islander peoples. This requires building on existing initiatives, developing partnerships to improve pathways to care, and workforce initiatives;
4. Mechanisms to coordinate resources, programs, initiatives and planning, including the development of more consistent reporting for governments and services, and support for implementation planning at jurisdiction and regional levels; and
5. Develop a knowledge base that is culturally appropriate and that informs service delivery. It sets out actions to improve research and data over the next five years.

<u>Proposed implementation process for the *SEWB Framework.*</u>
There is currently a proposed three layer process for implementation of the *SEWB Framework* included in the document. Implementation has been designed to be consistent with the implementation process developed for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013(NSFATSIH),* and to link with proposed implementation processes for the *National Mental Health Plan 2003-2008. NFATSIH* is an agreed framework of action by governments to address the health disadvantage of Aboriginal and Torres Strait Islander people. Broadly, the implementation process will involve:

National

- Oversight and overall monitoring and reporting through the national monitoring process being established by AHMAC for a whole of health system approach to implementation of the *NSFATSIH*.

- The Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), a standing committee of AHMAC, is to be responsible for implementation and monitoring related to the Aboriginal and Torres Strait Islander health sector, and for the development of appropriate overall arrangements and national performance indicators.
- The National Mental Health Working Group is to be responsible for implementation and monitoring those elements of the *SEWB Framework* that are primarily the responsibility of the mainstream mental health sector, particularly commitments made in the *National Mental Health Plan*.

State/Territory

- The *NMHP* commits jurisdictions to developing an Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Plan in consultation with the Aboriginal and Torres Strait Islander Framework Agreement Partnership Forums.
- SCATSIH members are committed to the development of Implementation Plans for the *National Strategic Framework for Aboriginal and Torres Strait Islander Health.* These Implementation Plans are expected to include actions to implement the Social and Emotional Wellbeing Key Result Area.
- The Framework Agreement partnership forums have also been asked to:
- include mental health as a regular agenda item, and to invite mental health directorates to send representatives to assist with those agenda items;
- ensure that Regional Planning for Aboriginal and Torres Strait Islander health includes reference to Social and Emotional Wellbeing; and
- support and monitor the development of local level Implementation Groups between service providers (see below).

Regional/Local

The *SEWB Framework* proposes the development of regional or local level groups of service providers, between mental health services, Aboriginal and Torres Strait Islander health services, other primary care providers including GPs, and drug and alcohol services. The role of these groups will be to explore local level implementation issues, such as pathways to care, protocols between services, possible joint two-way training initiatives, and progress with implementing the *SEWB Framework* initiatives in the region. These groups would be accountable to the Framework Agreement partnerships.

In addition, the *SEWB Framework* proposes that Area Health Services should be responsible for ensuring that their mental health services are more accessible for Aboriginal and Torres Strait Islander people, including employment of appropriate staff, training, changed service delivery patterns including outreach and visiting services, and ensuring that any discriminatory practice is discontinued.

Social and Emotional Wellbeing Services and Programs for Aboriginal and Torres Strait Islander people

Services provided through Aboriginal Primary Health Care Services

Aboriginal and Torres Strait Islander Primary Health Care Services have reported that in 2002-03, 83,900 individual client contacts were provided by emotional and social wellbeing staff. This represents around 4% of the total individual client contacts provided.

Ninety-four percent of these Services address the social and emotional wellbeing issues of their clients on an individual basis, and 63% provide ongoing care programs. The issues they provide assistance with include short term counselling (81%) visiting clients at home (81%), family support and education (75%), case management (70%), referral (53%), ongoing counselling programs (51%), mental health promotion activities (46%) and outreach services (28%).

As at 30 June 2003 there were 176 'full time equivalent' emotional and social wellbeing staff paid by Aboriginal and Torres Strait Islander Primary Health Care Services to provide mental health services in these primary health care settings, representing 11% of the total health staff paid by these Services. These staff included counsellors, social workers, and psychologists – the figure does not include other staff that may also provide emotional and social wellbeing services, such as Aboriginal and Torres Strait Islander health workers, traditional healers, and substance use workers[10].

There is considerable evidence for a strong association between mental health and drug and alcohol use in communities. For 2002-03, 42 Australian Government funded Aboriginal and Torres Strait Islander substance use specific services reported that the main emotional and social wellbeing issues they addressed were depression, hopelessness or despair (95%), anxiety or stress (90%), family/relationship issues (90%), and family/community violence (90%). As at 30 June 2003 there were 188 FTE counsellor positions paid by substance use specific services in Australia[11].

Social and emotional wellbeing programs

OATSIH administers three funding programs in relation to social and emotional wellbeing – the Bringing Them Home Program, the Mental Health Program, and the Family Tracing and Reunion Services Program (Link Up).

1. The Bringing Them Home (BTH) Program

In December 1997, the Federal Government responded to the National Inquiry into the *Separation of Aboriginal and Torres Strait Islander Children from Their Families* conducted by the Human Rights and Equal Opportunity Commission (HREOC), with a range of initiatives to address the recommendations. The mental health recommendations of the *Bringing Them Home Report* (Recommendations 33-35) supported a broad

[10] Department of Health and Ageing, *2002-03 Service Activity Reporting (SAR)*, data available on request
[11] Department of Health and Ageing, 2002-03 *Drug and Alcohol Service Report (DASR)*, data available on request

approach to providing counselling and education, to address the healing of the whole community.

The *Bringing Them Home* report (page 395-396) acknowledges the need for holistic primary health care services. Recommendation 33b states "that government funding for Indigenous preventive and primary mental health (well-being) services be directed exclusively to Indigenous community-based services including Aboriginal and Islander health services, child care agencies and substance abuse services".

The package of assistance announced by the Government comprised $63 million over four years, including $38.9m allocated to OATSIH.

The $63m was made up as follows:

$16m for counsellors	DoHA
$17m for education and training, including emotional and social wellbeing regional centres	DoHA
$5.9m for further development of Aboriginal and Torres Strait Islander parenting and family support programs	DoHA (then Department of Health and Community Services). Management of most of these funds were transferred to Department of Family and Community Services (FACS) when the community services component transferred to that Department.
$11.25m to establish a national network of Link Up Services	Aboriginal and Torres Strait Islander Commission (ATSIC) – now admininstered by DoHA.
$9m to enhance culture and language maintenance programs	ATSIC
$2m to index, copy and preserve files	Australian Archives
$1.6m for oral history project	National Library

Funding has continued to be provided for the programs administered by OATSIH. Program funding for the three financial years 2002-03 to 2004-05 is as follows:

BTH Program	$37.725 m
Link Up Services	$11.757 m

Funding for the Mental Health Program (see below), which incorporates Emotional and Social Wellbeing Regional Centres, is $17.976 over the three financial years 2002-03 to 2004-05.

Funds allocated in the OATSIH Budget for the Bringing Them Home programs over the 4 year period 2005-06 to 2008-09 are as follows:

BTH Program	$40.557 m*
Link Up Services	$17.267 m

*This amount represents the formal appropriation for the program. As in previous years, these funds may be supplemented with funds from the general OATSIH Budget appropriation.

The Mental Health Program does not receive a separate allocation in the Budget; rather it is part of a one-line appropriation for Aboriginal and Torres Strait Islander health. It is currently estimated that around $23.4 million will be allocated for the program over 2005-06 to 2008-09.

Bringing Them Home Counsellors

The Commonwealth initially committed $16m over a four-year period for BTH Counsellors. Due to additional demand for funding originally allocated to counsellor support and training, the engagement of more counsellors has resulting in more than doubling of expenditure to almost $38m over three years for this component of the program.

Compared with the initial commitment of 50 positions, 106 BTH counsellor positions (including 16 half-time positions) have now been allocated across all States and Territories. The vast majority of the BTH Counsellor positions are located in ACCHS (two positions in Queensland - Cape York and the Torres Strait - are located with Department of Queensland Health). A list of services employing BTH counsellors is at Attachment A.

BTH counsellors provide counselling to individuals, families and communities affected by past practices regarding the forced removal of children from Aboriginal and Torres Strait Islander families. BTH Counsellors have a broad clientele as they respond to the needs of those removed, those who were left behind, and the children, grandchildren and relatives of all those affected by family separation practices.

Because the trans-generational effects of separation practices are widespread and because such practices caused emotional harm throughout families and across generations, entire Aboriginal and Torres Strait communities are potentially in need of counselling around the effects of past removal policies, BTH and social and emotional well being issues.

National Performance Indicators now available for the 2002-03 financial year show that BTH counsellors had over 37,000 client contacts that year, up from around 28,500 reported in 2001-02. 66% of BTH counsellors were Aboriginal and Torres Strait Islander people, with 29% identifying that they had themselves been directly affected by Stolen Generation practices.

For 2002-03, 29% of BTH services reported operating without a BTH counsellor. This was a significant increase over the 13% reported for 2001-02. 24% of services had no

female counsellors, 61% of services reported having no male counsellors. At least in part, these data reflect the difficulties of recruiting and retaining appropriate counselling staff.

Family Tracing and Reunion Services Program – Link Up

In response to the *Bringing Them Home* Report, the Australian Government established the Family Tracing and Reunion Services Program, commonly referred to as the Link Up Program. Australian Government changes to the administration of Aboriginal and Torres Strait Islander affairs saw program responsibility for the Link-Up Program transferred to the Department of Health and Ageing on 1 July 2004.

The Link Up program funds a national network of services to provide support, guidance and assistance to Aboriginal and Torres Strait Islander people affected by past removal policies to trace their family history and potentially reunite with their families.

The Link Up Program provides funds to designated Link Up Services to:

1. Assist Aboriginal and Torres Strait Islander people trying to trace and locate living relatives from whom they were separated as a result of past removal policies and practices by:
   - Searching for and locating relevant records and files pertaining to the clients and/or their families;
   - Obtaining information on behalf of clients;
   - Providing general emotional support and guidance;
   - Referring clients to professional counsellors, if needed; and
2. Manage reunions (throughout the pre-reunion, reunion and post–reunion phases) of Aboriginal and Torres Strait Islander people who have been successful in tracing and locating living relatives.

There are 14 Link Up Services nationally, one each in South Australia, Victoria, New South Wales and Queensland, two in the Northern Territory and eight in Western Australia. Negotiations are under way regarding the service in Tasmania.

In Western Australia the Commonwealth Link Up funding was pooled with State Government funds (Department of Health Western Australia – OAH) to establish the Building Solid Families Program (BSF). The BSF funds 12 services across WA to provide family tracing and reunion and/or counselling services. Eight of the sites provide Link Up services – Perth, Albany, Kalgoorlie, Geraldton, Broome, Moora, South Hedland and Carnarvon. The remaining sites – Wyndham, Roebourne, Port Hedland and Broome provide counselling services only.

A list of Link Up services is at Attachment B.

Since the Link Up Program commenced in 1998-99 it has provided assistance to 26,661 people and has reunited 1,053 clients with their families.

National Performance Indicators now available for the 2003-04 financial year show that the Link Up Services had more than 2,680 clients including over 920 new clients and 1,760 continuing clients. The Link Up Services assisted more that 4,920 people including tracing 441 families and reuniting 163 clients.

Emotional and Social Wellbeing Regional Training Centres

The primary goal of SEWB regional centres (regional centres) is to provide training and professional support to the Aboriginal and Torres Strait Islander health and emotional and social wellbeing workforce, including BTH Counsellors and Link Up workers.

The main purposes of Regional Centres are:

- to provide professional support, including to Bringing Them Home Counsellors and Link Up workers;
- developing and/or adapting curricula, and/or delivering training, and/or purchasing/contracting of training, and/ or supporting, influencing or advocating for other agencies to meet training needs;
- developing appropriate cross sector linkages and interagency cooperation; and
- maintaining information systems to clarify the level of need in the region and to inform the operations of the Regional Centre.

Regional centre programs offer support and training to Aboriginal mental health workers and BTH Counsellors as well as programs to support community members in responding to community issues, such as suicide, grief and loss and other related issues. OATSIH funds 16 regional centres across the country, including 12 regional centres funded under the Mental Health Program (see below).

A list of Regional Centres is at Attachment C.

2. The Mental Health Program

In October 1996, the then Minister for Health launched the *National Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan.* The plan provides a broad framework for action to address issues identified in *Ways Forward* (the national consultancy report on Indigenous mental health).

Funding under the Action Plan amounted to almost $20m over the 4-year period 1996-1997 to 1999-2000, and is now recurrent at approximately $5.8m per annum. 12 Regional Centres and 19 Mental Health Services are funded under the Action Plan on a recurrent basis.

The main aim of the 19 service delivery projects is to develop and evaluate culturally appropriate approaches to mental health service delivery. The 2001 Evaluation of the Action Plan found that a number of features of culturally appropriate mental health care had been identified, such as the employment of Indigenous staff, the use of traditional healers, and the use of Indigenous approaches to therapy, such as narrative approaches. Other projects and programs include:

- one-off support for conferences and workshops;
- support to develop the revised Social and Emotional Wellbeing Framework; and
- some promotion and prevention projects.

A list of the mental health services receiving funding under the Action Plan is at Attachment D.

Funds available under the Emotional and Social Wellbeing Action Plan have also been used to support other educational and training activities, such as attendance at conferences, and support for Charles Sturt University's Djirruwang Aboriginal and Torres Strait Islander Mental Health program.

The Djirruwang program provides a tertiary level course in mental health for Aboriginal and Torres Strait Islander people, providing the opportunity to gain formal mental health Certificate, Diploma or Degree qualifications. The course is conducted over a three year period, using a mix of block release residential teaching, supplemented by teaching/topic materials (Subject Outlines and Study Guides) and compulsory workplace experience. The program has also developed a Clinical Handbook and Course Competencies document to assist students to gain meaningful and practical experience in the clinical environment. That document is underpinned by the *National Practice Standards for the Mental Health Workforce, 2002* – the first such Australian course to do so.

The Bachelor of Science (Mental Health) is conducted through the Charles Sturt University's School of Clinical Sciences. To date it has produced over 75 graduates, who have been successfully employed at various levels within mainstream mental health, community mental health services, Aboriginal organisations and ACCHS.

PART 4 – SOME POSSIBLE WAYS FORWARD

Guiding principles for providing mental health services to Aboriginal and Torres Strait Islander people

It is important that the provision of mental health services for Aboriginal and Torres Strait Islander peoples take account of the variety of their histories and cultures, as well as their geographic, economic and social circumstances. This is particularly so given the reluctance of Aboriginal and Torres Strait Islander people to use mainstream mental health services.

Ways Forward (the *National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, Ways Forward*, 1995) a seminal report on Indigenous mental health, outlined a number of key principles that should guide activities in this area. These principles have been re-iterated in the *SEWB Framework*, as follows:

1. *Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to well being. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.*
2. *Self determination is central to the provision of Aboriginal and Torres Strait Islander health services.*
3. *Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples health problems generally and mental health problems in particular.*

4. *It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural well being. Trauma and loss of this magnitude continues to have inter-generational effects.*
5. *The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.*
6. *Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples mental health and well being.*
7. *The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.*
8. *There is no single Aboriginal or Torres Strait Islander culture or group but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.*
9. *It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.*

It is recommended that these principles should underpin all strategies and programs which aim to provide social and emotional wellbeing services to Aboriginal and Torres Strait Islander people.

Implementing the SEWB Framework

The *SEWB Framework* is an important document in that it provides a comprehensive range of broad strategies, developed through extensive community and other stakeholder consultation, for improving social and emotional wellbeing services to Indigenous people. The Framework outlines strategies for both mainstream and Indigenous-specific services, and has now been endorsed by all governments.

It will be important to maintain the momentum and push forward with implementing the 5 key strategic directions outlined in the framework.

Developing greater synergies among Bringing Them Home (BTH) programs

OATSIH is currently taking steps to improve coordination among the three BTH programs. The National Sorry Day Committee, the Ministerial Council of Aboriginal and Torres Strait Islander Affairs' (MCATSIA) *Evaluation of Responses to the Bringing Them Home Report* (December 2003), and the Aboriginal and Torres Strait Islander Services (ATSIS) *Evaluation of the Link Up Program* (October 2003), all indicated a need for better co-ordination and collaboration across the BTH Program and between stakeholders.

During 2004, workshops were held in each State and Territory to facilitate discussion of the BTH Programs, with an aim to improve the coordination between the BTH Counsellor Program and Link Up Services and other related BTH program components, such as Social and Emotional Wellbeing Regional Training Centres.

Common themes raised in most of the workshops were issues relating to:

- the need for greater consultation with stakeholders by Framework Agreement partnerships when allocating resources in regional planning processes (Framework Agreements involve OATSIH, the State/Territory government, and the State affiliate of the National Aboriginal Community Controlled Health Organisation, which represents all ACCHS);
- building collaboration within the BTH Program, ie between OATSIH BTH Counsellors and Link Up Services;
- improved training and support through the SEWB Regional Centres, including supervision and debriefing, for the mental health workforce, including BTH Counsellors and Link Up workers;
- better access to BTH Counsellors for clients undergoing reunion services through Link Up;
- marketing the availability of services to Aboriginal and Torres Strait Islander people;
- mechanisms for formal relationships; and
- increased accountability and better performance measures for the BTH Sector.

A national report outlining the issues and recommendations is being finalised, and will be used to guide initiatives in developing this sector of emotional and wellbeing services.

Evaluation of Social Health programs

The Department of Health and Ageing will also conduct an evaluation of all the Indigenous Social Health programs during 2005-06. The aims of the evaluation will be to assess the impact of the programs on their target groups and the likely future demand for their services; gain insight into how effectively the programs are being delivered; strengthen cooperation and coordination among the delivery agencies; and identify and promote best practice.

ATTACHMENT A

BTH COUNSELLORS

Western Australia

PERTH	
Derbarl Yerrigan Health Service Incorporated	156 Wittenoom Street EAST PERTH WA 6004 Tel: 08 9421 3888
DERBY	
Derby Aboriginal Health Services Council Aboriginal Corporation	PO Box 1155 DERBY WA 6728 Tel: 08 9193 1090
KUNUNURRA	
Ord Valley Aboriginal Health Service Aboriginal Corporation	PO Box 216 KUNUNURRA WA 6743 Tel: 08 9168 1288
HALLS CREEK	
Yura Yungi Medical Service Aboriginal Corporation	94 Thomas Street HALLS CREEK WA 6770 Tel: 08 9168 6266
SOUTH HEDLAND	
Wirraka Maya Health Service Aboriginal Corporation	1 Lefroy Court SOUTH HEDLAND WA 6722 Tel: 08 9140 2922
ROEBOURNE	
Mawarnkarra Health Service Aboriginal Corporation	504 Crawford Way ROEBOURNE WA 6718 Tel: 08 9182 1519
CARNARVON	
Carnarvon Medical Service Aboriginal Corporation	14-16 Rushton Street CARNAVON 6701 Tel: 08 9941 2499
GERALDTON	
Geraldton Regional Aboriginal Medical Service	PO Box 1689 GERALDTON WA 6531 Tel: 08 9964 3949
BUNBURY	
South West Aboriginal Medical Service Incorporated	167 Spencer Street BUNBURY WA 6231 Tel: 08 9791 2779
KALGOORLIE	
Bega Garnbirringu Health Service	16-22 McDonald Street KALGOORLIE WA 6430 Tel: 08 9091 3199
ALBANY	
Great Southern Division of General Practice	PO Box 546 ALBANY WA 6330 Tel: 08 9842 2797
WARAKURNA AND REGION	
Ngaanyatjarra Health Service	58 Head Street ALICE SPRINGS NT 0871 Tel: 08 8950 1730

Northern Territory

ALICE SPRINGS	
Central Australian Aboriginal Congress Inc	Gap Road ALICE SPRINGS NT 0871 Tel: 08 8951 4401
Ngaanyatjarra Health Service	Social and Emotional Well Being Centre Shop 7 & 8 Colocag Plaza 76 Todd Street ALICE SPRINGS NT 0871 Tel: 08 8953 8988

DARWIN

Danila Dilba Medical Service Aboriginal Corporation	Social and Emotional Well Being Centre G1 Centre Point Plaza 1st Floor DARWIN NT 0800 Tel: 08 8936 1777

KATHERINE

Wurli Wirlinjamg Aboriginal Corporation	Social and Emotional Well Being Centre 23 Third Street KATHERINE NT 0851 Tel: 08 8971 2716

TENNANT CREEK

Anyinginyi Congress Aboriginal Corporation	Stolen Generations Resource Centre Patterson Street TENNANT CREEK NT 0860 Tel: 08 8962 1114

Queensland

CAIRNS

Wuchopperen Medical Service Ltd	13 Moignard Street CAIRNS QLD 4870 Tel: 07 4080 1004

WEIPA

Cape York District Health Service, QLD Dept of Health	Cnr Central & Northern Avenue Weipa QLD 4874 P.O. Box 341 Weipa, QLD 4874 Tel: 07 4090 6262

TOWNSVILLE

Aboriginal and Islander Health Service Limited	57 Gorden St, Garbutt P.O. Box 7534 G.B.C. Garbutt, TOWNSVILLE QLD 4810 Tel: 07 4759 4000

BRISBANE

Aboriginal and Islander Community Health Service Brisbane Limited	10 Hubert Street WOOLLOONGABBA QLD 4102 P.O. Box 8112 WOOLLOONGABBA QLD 4102
Qld Aboriginal & Islander Health Forum (QAIHF)	4/28 Gladstone Road HIGHGATE QLD 4101 Tel: 07 3255 3604 Tel: 07 3393 0055

ROCKHAMPTON

Bidgerdii ATSI Corp Community Health Service	162 Bolsover Street, ROCKHAMPTON QLD 4700 P.O. Box 106 ROCKHAMPTON QLD 4700 Tel: 07 4921 3080

MOUNT ISA

Yapatjarra Health Service	8 Burke Street MT ISA QLD 4825 P.O. Box 1842 MT ISA QLD 4825 Tel: 07 4749 2929

MACKAY

Aboriginal and Torres Strait Islander Community Health Service	PO Box 1099 MACKAY QLD 4700 Tel: 07 4951 2833

CUNNAMULLA

Cunnamulla Aboriginal Corporation for Health	26-28 John Street CUNNAMULLA QLD 4490 P.O. Box 231 CUNNAMULLA QLD 4490 Tel: 07 4655 8814

DALBY

Goondir Aboriginal Corp for Health Services	PO Box 559 DALBY QLD 4405 Tel: 07 4662 5684 / 07 4662 6986

MAREEBA

Mulungu Aboriginal Corporation Medical Centre	14 Sutherland Street MAREEBA QLD 4880 Tel: 07 4092 3428

IPSWICH

Kambu Medical Centre Ipswich Inc	27 Roderick Street IPSWICH QLD 4305 P.O. Box 618 IPSWICH QLD 4305 Tel: 07 3812 3843

TORRES STRAIT

Torres Strait & Northern Peninsula Area District Health Service QLD Dept of Health	PO Box 391, Thursday Island QLD 4875 Tel: 07 4069 1109

South Australia

CEDUNA

Ceduna / Koonibba Aboriginal Health Service Inc	PO Box 314 CEDUNA SA 5690 Tel: 08 8625 3699

YALATA

Tullawon Health Service Incorporated	PMB 45 CEDUNA SA 5690 Tel: 08 8625 6237

ADELAIDE

Nunkuwarrin Yunti Incorporated	182-190 Wakefield Street ADELAIDE SA 5000 Tel: 08 8223 5011

MURRAY BRIDGE

Kalparrin Incorporated	PO Box 319 MURRAY BRIDGE SA 5253 Tel: 08 8532 4940

PORT AUGUSTA

Pika Wiya Health Services Incorporated	PO Box 2021 PORT AUGUSTA SA 5700 Tel: 08 8642 9904

COOBER PEDY

Umoona Tjutagku Health Service Incorporated	PO Box 166 COOBER PEDY SA 5723 Tel: 08 8672 5255

PORT LINCOLN

Port Lincoln Aboriginal Health Service Incorporated	19A Oxford Terrace PORT LINCOLN SA 5606 Tel: 08 8683 0162

MOUNT GAMBIER

South East Aboriginal Partnership	PO Box 942 MOUNT GAMBIER SA 5290 Tel: 08 8724 7270

BERRI

Aboriginal Sobriety Group	182-190 Wakefield Street ADELAIDE SA 5000 Tel: 08 8582 2066

PORT PIRIE

Mid North Regional Health Service	PO Box 546 PORT PIRIE SA 5540 Tel: 08 8638 4500

POINT PEARCE

Goreta Aboriginal Corporation	Parry's Avenue, POINT PEARCE SA 5573 PO Box 244 MAITLAND SA 5573 Tel: 08 8836 7205

Victoria

MELBOURNE

Victorian Aboriginal Health Service Co-op	186 Nicholson Street FITZROY VIC 3065 Tel: 03 9419 3000
Bunurong Health Service / Dandenong & District Aboriginal Co-Op	3 Carroll Avenue DANDENONG VIC 3175 Tel: 03 9794 5933
Winda Mara Aboriginal Corporation	21 Scott Street HEYWOOD VIC 3304 Tel: 03 5527 2051

BALLARAT

Ballarat and District Aboriginal Co-op	5 Market Street BALLARAT VIC 3350 Tel: 03 5331 5344

HEALESVILLE

Yarra Valley Community Health Service	Shop 2/297 Maraoondah Highway, Healesville VIC 3777 03 5962 3429

HORSHAM

Goolum Goolum Aboriginal Co-op	145 Baillie Street HORSHAM VIC 3400 Tel: 03 5382 5033

MOOROOPNA

Rumbalara Aboriginal Co-op	Rumbalara Road, via Tollamba Road MOOROOPNA VIC 3629 Tel: 03 5825 2111

WARRNAMBOOL

Gunditjmara Aboriginal Co-Op	Harris Street WARRNAMBOOL VIC 3280 Tel: 03 5562 9729
Kirrae Health Service Incorporated	Kirrae Road PURIM VIC 3278 Tel: 035567 1270

MILDURA

Mildura Aboriginal Corporation	120 Madden Avenue MILDURA VIC 3502 Tel: 03 5023 0893

MORWELL

Central Gippsland Aboriginal Health & Housing Co-0p	Cr Collins Street & Buckley Street MORWELL VIC 3840 Tel: 03 5136 5100

ROBINVALE

Murray Valley Aboriginal Co-op	1 Latje Road ROBINVALE VIC 3549 Tel: 03 5026 3353

ECHUCA

Njernda Aboriginal Corp	84 Hare Street ECHUCA VIC 3564 Tel: 03 5480 6252

SALE

Ramahyuck District Aboriginal Corporation	117 Foster Street SALE VIC 3850 Tel: 03 5143 1644

GEELONG

Wathaurong Aboriginal Co-operative	Lot 62 Morgan Street NORTH GEELONG VIC 3215 Tel: 03 5277 0044

LODDON MALLEE

Swan Hill and District Aboriginal Co-operative	79B Chapman Street SWAN HILL VIC 3585 Tel: 03 5032 2964

New South Wales

SYDNEY

Daruk Aboriginal Community Controlled Medical Service Co-Operative Ltd	2 Palmerston Road MT DRUITT NSW 2770 Tel: 02 9832 1356

WAGGA WAGGA

Riverina Medical and Dental Aboriginal Corporation	14 Trail Street WAGGA WAGGA NSW 2650 Tel: 02 6921 7292

MOREE

Pius X Aboriginal Corporation	Anne Street MOREE NSW 2400 Tel: 02 6752 1099

ARMIDALE

Armidale & District Service Incorporation	100 Taylor Street ARMIDALE NSW 2350 Tel: 02 6771 1344

WALGETT

Walgett Aboriginal Medical Service Co-op	37 Pitt Street WALGETT NSW 2832 Tel: 02 6828 1611

WELLINGTON

Wellington Aboriginal Corporation Health Service	68 Maughan Street WELLINGTON NSW 2820 Tel: 02 6845 3545

BREWARRINA

Brewarrina Aboriginal Health Centre	

BOURKE

Bourke Aboriginal Community Controlled Health Service	6 Oxley Street BOURKE NSW 2840 Tel: 02 6872 3088

NOWRA

South Coast Medical Service Aboriginal Corporation	53 Berry Street NOWRA NSW 2541 Tel: 02 4428 6666

NAROOMA

Katungal Aboriginal Corporation Community & Medical Services	26 Princess Highway NAROOMA NSW 2546 Tel: 02 4476 2155

KEMPSEY

Benelongs Haven Limited	2054 South West Rocks Road KINCHELA CREEK via KEMPSEY NSW 2440 Tel: 02 6567 4880

TAREE

Biripi Aboriginal Corporation Medical Centre	Old Bar Road, Pacific Highway PURFLEET NSW 2430 Tel: 02 6552 2144

CAROONA / TAMWORTH

Walhallow Aboriginal Corporation	Main Street CAROONA NSW 2343 Tel: 02 6747 4811

ILLAWARRA

Illawarra Aboriginal Medical Service	150 Church Street WOLLONGONG NSW 2500 Tel: 02 4229 9495

AIRDS

Tharawal Aboriginal Corporation	187 Riverside Drive AIRDS NSW 2560 Tel: 02 4628 4837

NEWCASTLE

Awabakal Newcastle Co-operative	Corner of Samdon and Denison Streets HAMILTON NSW 2303 Tel: 02 4969 2424

ACT

CANBERRA

Winnunga Nimmityjah Aboriginal Health Service Inc.	91A Wakefield Garden AINSLIE ACT 2602 Tel: 02 6247 1941

Tasmania

HOBART

Tasmanian Aboriginal Centre Incorporated	198 Elizabeth Street HOBART TAS 7000

LAUNCESTON

Tasmanian Aboriginal Centre Incorporated	182 Charles Street LAUNCESTON TAS 7250 Tel: 03 6331 8966

ATTACHMENT B

LINK UP SERVICES

New South Wales
Link Up (NSW) Aboriginal Corporation
LAWSON (BLUE MOUNTAINS)

Northern Territory
Central Australian Stolen Generations and Families Aboriginal Corporation
ALICE SPRINGS

Karu Aboriginal Child Care Agency
MALAK (DARWIN)

Queensland
Link Up (Qld) Aboriginal Corporation – Brisbane Office
SOUTH BRISBANE

Link Up (Qld) Aboriginal Corporation – Cairns Office

South Australia
Nunkuwarrin Yunti of South Australia -
ADELAIDE

Victoria
Victorian Aboriginal Child Care Agency
THORNBURY (MELBOURNE)

Western Australia
Kimberley Stolen Generation Committee Incorporated
BROOME

Great Southern Aboriginal Health Service
ALBANY

Bega Garnbirringu Health Service
KALGOORLIE

Geraldton Family Advocacy Service
GERALDTON

Derbarl Yerrigan
EAST PERTH

Central Midlands Aboriginal Progress Association
MOORA

Wangka Maya Pilbara Aboriginal Language Centre
SOUTH HEDLAND

Carnarvon Medical Service Aboriginal Corporation
CARNARVON

ATTACHMENT C

EMOTIONAL AND SOCIAL WELL BEING REGIONAL CENTRES

WESTERN AUSTRALIA

1. Perth Regional Centre (Indigenous Psychological Services Inc), Perth.
2. Broome Regional Centre (Kimberley Aboriginal Medical Services Inc), Broome.
3. Nguleegoo Regional Centre (Bega Garnbirringu Health Service), Kalgoorlie.

NORTHERN TERRITORY

4. Darwin Regional Centre (Danilla Dilba Health Service), Darwin.
5. Alice Springs Regional Centre (Central Australian Aboriginal Congress), Alice Springs.
6. NPY Regional Centre (NPY Women's Council), Alice Springs.

NEW SOUTH WALES

7. Armidale Regional Centre (Armidale Medical Service), Armidale
8. Sydney Regional Centre (Redfern Medical Service), Redfern
9. Canberra Regional Centre (Muuji Regional Centre for Social & Emotional Wellbeing in the ACT), Canberra

QUEENSLAND

10. Brisbane Regional Centre (ATSICHET), Brisbane
11. Cairns Regional Centre (Far North QLD Indigenous Consortium), Cairns
12. Central Queensland Regional Centre (Bidgerdii Aboriginal and Torres Strait Islander Corporation Community Health Service), Rockhampton
13. North West Queensland Regional Centre, Mt Isa

SOUTH AUSTRALIA

14. Adelaide Regional Centre (Nunkuwarrin Yunti Inc), Adelaide

VICTORIA

15. Melbourne Regional Centre (VACCHO), Melbourne

TASMANIA

16. Tasmanian Regional Centre (Tasmanian Aboriginal Centre), Hobart

INDIGENOUS MENTAL HEALTH SERVICES

QUEENSLAND

- **Wuchopperen Medical Service**
  13 Moignard Street CAIRNS
  Tel: 07 4080 1004

- **Gallang Place Aboriginal Counselling**
  31 Thomas Street WEST END
  Tel: 07 3844 2283

- **Access Arts**
  119 Lamington Street NEW FARM
  Tel: 07 3358 6200

- **Townsville Aboriginal and Islander Health Service**
  PO Box 7534 GARBUTT BC
  Tel: 07 4759 4000

SOUTH AUSTRALIA

- **Nunkuwarrin Yunti**
  182-190 Wakefield Street ADELAIDE
  Tel: 08 8223 5011

- **Aboriginal Drug and Alcohol Council of SA**
  53 King William Street KENT TOWN
  Tel: 08 8362 0395

VICTORIA

- **Mildura Aboriginal Health Service**
  PO Box 2130 MILDURA
  Tel: 03 5021 0315

- **Rumbalara Aboriginal Cooperative**
  PO Box 614 MOOROOPNA
  Tel: 03 5825 2111

- **Ramahyuck and District Aboriginal Corporation**
  117 Foster Street SALE
  Tel: 03 5143 1644

- **Central Gippsland Aboriginal Health and Housing Cooperative**
  PO Box 250 MORWELL
  Tel: 03 5136 5100

- **Bunurong Health Service**
  PO Box 683 DANDENONG
  Tel: 03 9791 1247

- **Victorian Aboriginal Health Service**
  PO Box 154 FITZROY
  Tel: 03 9419 3000

- **Yarra Valley Community Health Service**
  PO Box 1247 HEALESVILLE
  Tel: 03 5962 3681

NEW SOUTH WALES

- **Biripi Aboriginal Corporation Medical Centre**
  PO Box 616 TAREE
  Tel: 02 6552 2144

- **Daruk Aboriginal Community Controlled Medical Service**
  PO Box V79 MT DRUITT
  Tel: 02 9832 1356

- **Durri Aboriginal Medical Service**
  PO Box 136 KEMPSEY
  Tel: 02 6562 4919

- **Illawarra Aboriginal Medical Service**
  PO Box 1161 SOUTH COUST MC
  Tel: 02 4229 9495

WESTERN AUSTRALIA

- **Kimberley Aboriginal Medical Services Council**
  PO Box 1377 BROOME
  Tel: 08 9193 6043

- **Marr Mooditj Foundation Inc**
  Clontarf Complex
  295 Manning Rd WATERFORD
  Tel: (08) 9351 9344
